Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	07 14 2014
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	50.00
Charlotte NC 23215	Transaction ID : 1e870c5a-c16c-4545-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 14 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	07
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	4.80
Charlotte NC 23215	Transaction ID : 1f209128-0456-4dcb-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 14 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	54.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	النتا لتا ا

Schedule E)	DENT EXPEND	TOTILS	PAGE 2 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	60.00
Spruce Pine	NC	28777	Transaction ID : 3dbdc7a9-8c4e-4dc5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: Primary General 2014
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07 14 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	14.10
Spruce Pine	NC	28777	Transaction ID : 28b13fa5-b3a0-425a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
•			
(a) SUBTOTAL of Itemized Independent Expe	nditures		74.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	51125	PAGE 3 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Mary Johnson	Dat	te of Public Distribution/Dissemination
, and the second		07 14 7 2014
Mailing Address 105 South Dale St	Am	ount
City State Zi	p Code	60.00
Spruce Pine NC 2		insaction ID: d1f36d5c-a75b-4928-9 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 14 / 2014
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Ms. Kay Hagan		sident State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	nent For:
Full Name of Payee	Da	te of Public Distribution/Dissemination
Mr. Haley Brown		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 344 Natalie Drive		07 14 2014
344 Natalle Drive	Am	nount
City State Zi	ip Code	40.00
		nsaction ID: 783a99dd-895e-4c5d-8 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 14 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	158751.67 Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	7 1 7 1 7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized or party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	lly Filed] Date 07	/ D D / Y Y Y Y Y Y 1 Y 16 2014
Signature	54.0	

Schedule E)	DEITI EXI EITE	TIONES	<u> </u>	PAGE 4 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Mr. Haley Brown			07 /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 344 Natalie Drive			Amount	
City	State	Zip Code		9.00
Winston-Salem	NC	27030		: fad2130a-ee7d-4b46-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	.,,	158751.67	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Felice Barrett			07	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1588 Asbury			Amount	
City	State	Zip Code		55.00
Springdale	AR	72762		7698801e-06da-4231-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	19433.90	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures			64.00
			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	7
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 16	2014
y				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O coccesso
Check if 24-hour report X 48-hour report New report Amends	report filed on M M / D D / Y Y Y Y Y
Full Name of Payee Felice Barrett	Date of Public Distribution/Dissemination
	07 14 Y Y Y Y Y
Mailing Address 1588 Asbury	Amount
City State Zip Code	16.62
Springdale AR 72762	Transaction ID: 2db80ed2-0a28-4a17-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 07 14 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	se President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	07 14 2014
Mailing Address Split Oak Drive	Amount
City State Zip Code	50.00
charlotte NC 28227	Transaction ID: 60f11aae-5152-4cc4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	se President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 56448.02	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement committee) any political party committee or its agent.	
	Date 07 16 2014
Signature	

Schedule E)	VI EXI EIVE	ATOTILO	PAGE 6 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07 / 14 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	21.93
charlotte	NC	28227	Transaction ID: 9768a77f-237e-4990-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	56448.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 14 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	25.00
Lenoir	NC	28645	Transaction ID : 5f6a993b-b6d2-4c00-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	158751.67	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		46.93
(b) SUBTOTAL of Unitemized Independent Expend	itures)
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	W ENDITONIES	PAGE 7 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination
Mailing Address 1410 Bushville drive		07 14 2014
1410 Bushville drive		Amount
City State	e Zip Code	10.50
Lenoir NC	28645	Transaction ID: a5a5014f-f932-4af2-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 14 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District:00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	158751.67 Dis	sbursement For: Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
Ralphie Lockhart		07 14 2014
Mailing Address 6310 Col Glenn Rd		
		Amount
City State	e Zip Code	40.00
Little Rock AR	72204	Transaction ID: 513d4fd9-9fea-4285-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	50.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	1 4 1 4 1 4 1
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eit	
Ms. Emily Buchanan	[Electronically Filed] Date	07 16 2014
Signature		

Schedule E)	LIVI LXI LIVD	TIONES		PAGE 8 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Ralphie Lockhart			07	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6310 Col Glenn Rd			Amount	
City	State	Zip Code		4.50
Little Rock	AR	72204		D: cec6ea70-7cb7-4f5d-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	.,,	158751.67	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Larry Freeman			07 /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11214 Mesa drive			Amount	
City	State	Zip Code		50.00
Little rock	AR	72211		: 87f4a548-8068-441f-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	19433.90	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	54.50
			7	7
(b) SUBTOTAL of Unitemized Independent Expenses	enditures		•	45
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 16	2014
g				

Sc	chedule E)	PAGE 9 OF 57 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
	eck if 24-hour report X 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
٦		Date of Public Distribution/Dissemination
	Jennie Butler	07
	Mailing Address 1676 Shady Creek Rd	Amount
	City State Zip Code	23.33
	Ayden NC 28513	Transaction ID : 3a8e5a4c-6c4a-4521-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary
		Date of Public Distribution/Dissemination
	Jennie Butler	07 14 2014
1	Mailing Address 1676 Shady Creek Rd	07 17 2017
		Amount
	City State Zip Code	7.02
		ransaction ID : 9382414d-6d62-447d-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 / 14 / 2014
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	30.35
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not madwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule E)	THE EXTENSE	71101120		PAGE 10 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Steven Jean			M = M	olic Distribution/Dissemination
Mailing Address 2012 Harrison Ave			Amount	14 2014
City	State	Zip Code		70.00
Winston Salem	NC	27105		n ID : f74ad39f-f65c-46d4-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: 2014 Other (Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Steven Jean			M = M 07	14 2014
Mailing Address 2012 Harrison Ave			Amount	
City	State	Zip Code		12.00
Winston Salem	NC	27105		ID: 80187dd6-e120-4c6d-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 M	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7-1-7	158751.67	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			82.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7 1
Under penalty of perjury I certify that the indepenwith, or at the request or suggestion of, any candiparty committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 07 16	
Signature				

Schedule E)	LIVI EXI EIVE	TOTILO	PAGE 11 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Allie Butler			07 14 2014
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	25.00
Ayden	NC	28513	Transaction ID: bba97b5e-8d8e-4e90-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	158751.67	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
John Voholetz			07 14 2014
Mailing Address 718 N MacMillan Avenue			Amount
City	State	Zip Code	47.50
Wilmington	NC	28803	Transaction ID : 7ad77d25-0083-4f62-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		72.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(b) CODICIAL OF CHICAMIZED INDEPENDENT EXPE	Tidital Co		7 7 7
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	IDENT EXPEND	TIONES	PAGE 12 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	rt filed on
Full Name of Payee John Voholetz			Date of Public Distribution/Dissemination
Mailing Address 718 N MacMillan Avenue			07 14 2014 Amount
City Wilmington	State NC	Zip Code 28803	4.50 Transaction ID: 0bc85e98-d802-4c43-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Pollreis			07 14 2014
Mailing Address 15.5 Magnolia Circle			Amount
City	State	Zip Code	30.00
Searcy	AR	72143	Transaction ID : f19b919a-263d-4dcd-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	,	19433.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp.	enditures		34.50
(-)			7 7
(b) SUBTOTAL of Unitemized Independent E	xpenditures)
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
*			

Schedule E)	INI EXI EN	STICILO	PAGE 13 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Pollreis			07
Mailing Address 15.5 Magnolia Circle			Amount
City	State	Zip Code	31.80
Searcy	AR	72143	Transaction ID: 93759b2f-68cb-4862-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Peter Sahuc			07 14 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	30.00
Lafayette	LA	70503	Transaction ID : 14f41d2f-315b-40cc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		61.80
, , ,			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	IVI EXI ENE	TI OTILO	PAGE 14 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			07 14 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	3.09
Lafayette	LA	70503	Transaction ID : 31df59b4-b55f-460c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	56448.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Chassidy Menard			07 14 2014
Mailing Address 515 Walter Dr.			Amount
City	State	Zip Code	27.50
Lafayette	LA	70507	Transaction ID : c5d1edb0-04d8-480d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-yy	56448.02	Disbursement For: Primary ☐ General Other (specify) ☐
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶ 30.59
			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	e 07 16 7 2014

Sched	lule E)				PAGE 15 OF 57 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
					= M / D = D / Y = Y = Y
Check if		New rep	ort Amends repo	ort filed on	
	Name of Payee s. Chassidy Menard				of Public Distribution/Dissemination
Mail	ing Address 515 Walter Dr.			Amou	
City		State	Zip Code		5.10
	ayette	LA	70507		action ID : 0c940076-5330-4ba4-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		07
Nam	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	56448.02	Disbursemen 2014	t For:
	Name of Payee			Date	of Public Distribution/Dissemination
Br	anson Cambre				07 14 2014
Mail	ling Address 117 Middleburg Dr.				
				Amou	nt
City	,	State	Zip Code		15.00
	ayette	LA	70508	Transa Date	oction ID: 50289085-58a5-46cf-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		07 14 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	56448.02	Disbursemer 2014 C	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditur	es		• •	20.10
(b) S	SUBTOTAL of Unitemized Independent Expendi	itures		•	
(c) T	OTAL Independent Expenditures			•	7
with,	r penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / / / / / / / / / / / / / / / / /	16 2014
Si	gnature				

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Branson Cambre	07 14 2014
	Mailing Address 117 Middleburg Dr.	Amount
	City State Zip Code	0.78
	Lafayette LA 70508	Transaction ID: 0848c80f-b86c-4d1f-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbt 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Steven Best	Date of Public Distribution/Dissemination
	Mailing Address 103 Washington Ave	07 14 2014 Amount
	City State Zip Code	23.00
	Newport NC 28570	Transaction ID : 11770279-a01e-4101-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	23.78
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
)7 16 2014
	Signature	للنتا لنا ل

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OF

Schedule E)	TENDENT EXPEND	TOTILS		GE 17 OF 57 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				TIFICATION NUMBER ▼
Women Speak Out PAC				0530766
Check if 24-hour report X 48-ho	ur report New repo	ort Amends repo	rt filed on)
Full Name of Payee			Date of Public Di	stribution/Dissemination
Steven Best			07	14 2014
Mailing Address 103 Washington Ave			Amount	
City	State	Zip Code		6.75
Newport	NC	28570		67b9ace0-6fbd-4722-b ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	58751.67	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Donald Dessauer			M - M /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		25.00
Metaire	LA	70003		22804b65-c231-40e3-b ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	14 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: 2014 Other (specif	Primary
(a) OUDTOTAL of Harriand Indiananda	Toward the second			0.75
(a) SUBTOTAL of Itemized Independe	nt Expenditures		-	31.75
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		· •	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that with, or at the request or suggestion o party committee) any political party cor	f, any candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 16	2014

Schedule E)	LIVI LXI LIVI	DITORLO	PAGE 18 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination
Mailing Address 915 E Market Ave			07 14 2014
			Amount
City	State	Zip Code	43.00
Searcy	AR	72149	Transaction ID : bcf562c4-7499-4150-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	19433.90	Disbursement For: Primary General Q014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			07 14 2014
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	31.50
Searcy	AR	72149	Transaction ID: 49331231-69fd-446c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 74.50
,			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 2014
Signaturo			

Sc	chedule E)	L. V.	1101120		PAGE 19 OF 57 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report Ne	ew rep	port Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Ī	Full Name of Payee			Da	ate of Public Distribution/Dissemination
	Anthony Pearson				M M / D D / Y Y Y Y Y Y 14 2014
Ĭ	Mailing Address 112 apache Dr			Ar	mount
Ì	City State		Zip Code		45.00
	Search AR		72149		ransaction ID: b6403d95-65e1-413c-9 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 14 2014
Ì	Name of Federal Candidate	-	Support	Office So	ought: House District: 00
	Mr. Mark L Pryor		X Oppose		esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		19433.90	Disburser 2014	ment For:
Ī	Full Name of Payee			Da	ate of Public Distribution/Dissemination
Ì	Anthony Pearson				07 14 2014
	Mailing Address 112 apache Dr				07 14 2014
Ì	112 αρασίο 5.			Aı	mount
Ì	City State		Zip Code		31.50
	Search AR		72149		ansaction ID: 333f4cab-cd42-49aa-a late of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		M 07
	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	Mr. Mark L Pryor		Oppose	Pre	esident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		19433.90	Disburse 2014	ement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures			•	76.50
((b) SUBTOTAL of Unitemized Independent Expenditures			. •	
	(c) TOTAL Independent Expenditures			•	
١	Under penalty of perjury I certify that the independent expending with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [E	Electron	nically Filed] Date	M = M 07	16 2014
	Signature		_		

Schedule E)	INI EXI EN	DITORLO	PAGE 20 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Reagan Brackett			07
Mailing Address 502 E Center Ave			Amount
City	State	Zip Code	40.00
Searcy	AR	72143	Transaction ID: 533a4c39-9f2f-49f2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa Burkhart			07 14 2014
Mailing Address 3126 Chester Ct			Amount
City	State	Zip Code	50.00
Metairie	LA	70006	Transaction ID : b3172ade-afcc-47bc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		90.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •
			7 7 7
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 2014
Signature			

Schedule E)	ENT EXILIN	DITORLO	PAGE 21 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Theresa Burkhart			Date of Public Distribution/Dissemination
Mailing Address 3126 Chester Ct			07 14 2014 Amount
City	State	Zip Code	7.02
Metairie	LA	70006	Transaction ID : 7d05e1b4-4b21-401f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For:
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination
Mailing Address 101 Asbury Ct			07 14 2014
			Amount
City	State	Zip Code	70.00
Winchester Purpose of Expenditure	VA	22602	Transaction ID: 24dcc837-f71f-47a3-9 Date of Disbursement or Obligation
Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1 9 1 1 9	158751.67	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		77.02
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
.,			7 7 7
(c) TOTAL Independent Expenditures			>
	ididate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 2014
Signaturo			

Schedule E)	-111 -/	1101120		PAGE 22 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Solveig Lysne			Date of Pu	ublic Distribution/Dissemination
Mailing Address 7121 Oyster Lane			Amount	14 2014
City	State	Zip Code		32.50
Wilmington	NC	28411		on ID : 50bfcf88-fdee-4565-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Solveig Lysne Mailing Address 7121 Oyster Lane			07	ublic Distribution/Dissemination
,			Amount	
City Wilmington	State NC	Zip Code 28411	Transactio Date of D	6.51 n ID: df02b614-becb-4172-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		•	39.01
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date		6 2014
Signature				

Schedule E)	SEITT EXTERN	DITOTILO	PAGE 23 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 / 14 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	90.00
Shreveport	LA	71119	Transaction ID: 8801fc93-48ad-4bdb-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 14 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	20.10
Shreveport	LA	71119	Transaction ID : a4c53ef3-64bb-4b27-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 110.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			
	andidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 7 2014
3			

Schedule E)	LIVI EXI EIVI	DITOTILO	PAGE 24 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	50.00
Ville Platte	LA	70586	Transaction ID : 1dcc8e04-d5fe-4ccb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	56448.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 14 2014
Mailing Address 110 W Pecan St			Amount
- City	State	Zin Codo	45.00
City Ville Platte	LA	Zip Code 70586	Transaction ID : 96aba416-7cb5-4735-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		65.00
			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 7 2014
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ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Zachary Vidrine	07
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	35.00
Ville Platte LA 70586 T	ransaction ID : 56cb12c2-4876-4c2c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Mary I Landrieu	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary General
Full Name of Payee	Other (specify) Data of Rublic Distribution/Discomination
Zachary Vidrine	Date of Public Distribution/Dissemination 07 14 2014
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	13.20
	ransaction ID: 5f99f262-9744-4fc0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 14 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	48.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	16 2014
Signature	لسنيا ليا ا

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OF

Schedule E)	VI EXI EIVE	TIONES	PAGE 26 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Alex Peyton			07 14 2014
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	60.00
Washington	LA	70589	Transaction ID: 08e91d12-d12e-41ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	56448.02	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Alex Peyton			07
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	24.00
Washington	LA	70589	Transaction ID : 3f3ede85-4706-42d7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	56448.02	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶ 84.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvon	nen Speak Out PAC	C C00530766
Check	if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Name of Payee	Date of Public Distribution/Dissemination
	isa Booth	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ма	illing Address 1434 South Avenue	Amount
City	y State Zip Code	82.50
	den NC 27288	Transaction ID: 652f2e41-8d59-4c3d-a Date of Disbursement or Obligation
	rpose of Expenditure Category/ Type 001	07 14 2014
Na	me of Federal Candidate Support Office	Sought: House District: 00
Ms	s. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
 -	II Name of Paris	
	Il Name of Payee isa Booth	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 1434 South Avenue	Amount
Cit	y State Zip Code	7.20
	den NC 27288	Transaction ID : 62544651-1793-454e-b Date of Disbursement or Obligation
	rpose of Expenditure ileage Category/ Type 002	07 / 14 / 2014
Na	me of Federal Candidate Support Office	Sought: House District:00
Ms	s. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	89.70
(b)	SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c)	TOTAL Independent Expenditures	
with,	er penalty of perjury I certify that the independent expenditures reported herein were not may or at the request or suggestion of, any candidate or authorized committee or agent of either y committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	7 16 2014
S	Signature	

PAGE

OF

Schedule E)	NOENT EXPEND	ITORES	PAGE 28 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	ort filed on
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination
Mailing Address 2043 Nottingham Ln			07 14 2014 Amount
City	State	Zip Code	25.00
Burlington	NC	27215	Transaction ID : 9d11ed5c-ead0-497e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	58751.67	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	·		Date of Public Distribution/Dissemination
Carmen Maddrey			07 14 2014
Mailing Address 2043 Nottingham Ln			Amount
City	State	Zip Code	2.10
Burlington	NC	27215	Transaction ID : 9e9ae036-1d55-4081-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		27.10
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •
(c) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 16 7 2014
=			

Schedule E)	DENT EXICIO	HOHLO	PAGE 29 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brian Saltzler			07
Mailing Address 601 S College Road			Amount
City	State	Zip Code	60.00
Wilmington	NC	28403	Transaction ID: e60f6683-9b5e-46c3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brian Saltzler			07
Mailing Address 601 S College Road			Amount
City	State	Zip Code	6.00
Wilmington	NC	28403	Transaction ID : 24e8bbc6-59a8-49df-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		66.00
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Elizabeth Hanks	07 14 / 2014
Mailing Address 891 W. Melmar	Amount
City State	Zip Code 30.00
Fayetteville AR	72703 Transaction ID : 3af3a7e6-c85f-4daf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Elizabeth Hanks Mailing Address 891 W. Melmar	Date of Public Distribution/Dissemination 07
City State	e Zip Code 1.50
Fayetteville AR	
Purpose of Expenditure Mileage	Category/ Type 002 002 07 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	31.50
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electronically Filed] Date 07 16 2014
Signature	

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OF

Schedule E)	LIVI EXI EIVE	TOTILO	PAGE 31 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			07
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	50.00
Kenner	LA	70065	Transaction ID: 75979806-8a77-43a8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	56448.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Taylor N Randall			07 14 2014
Mailing Address 2002 E Park Ave			Amount
Apt 40	2		
City Searcy	State AR	Zip Code 72143	30.00 Transaction ID : afbd803a-4829-48f3-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		80.00
(b) SUBTOTAL of Unitemized Independent Exp	andituras		
(b) GOD TOTAL OF CHIRCHINGS INdependent Exp			
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INT EXICINE	JII OII LO	PAGE 32 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repor	t filed on
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave			07 14 2014 Amount
Apt 40			
City	State	Zip Code	2.34
Searcy	AR	72143	Transaction ID: bd9ca72d-2c9f-4413-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	85.00
High Point	NC	27260	Transaction ID: 1ae51d11-0f2f-46a4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		87.34
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
			7 7 1 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olynatul c			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Chris McCoy	07 14 2014
	Mailing Address 1025 Cayley Ct	Amount
	City State Zip Code	21.30
	High Point NC 27260	Transaction ID: 230291c1-0c2f-448a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	
		Other (specify) -
	Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
	Mailing Address 1025 Cayley Ct	07 14 2014 Amount
1		
1	City State Zip Code	80.00
١	High Point NC 27260	Transaction ID: 92c182a6-31da-4711-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
1	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	101.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		om / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Schedule E)	NOLI LINDLINI LAI LINDI			PAGE 34 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X	18-hour report New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Danielle McCoy			07	14 2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		19.20
High Point	NC	27260		D: d7b42cf6-6a00-49dc-bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	int 1	58751.67	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	c Distribution/Dissemination
Jessica Habakjian			M M M 07	14 2014
Mailing Address 4193 W. Lang	g St		Amount	
			Amount	
City	State	Zip Code		25.00
Farmville	NC	27828	Transaction ID Date of Disbu	D: 06c20209-c3f3-4d62-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght	158751.67	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Indep	endent Expenditures)	44.20
(b) SUBTOTAL of Unitemized Inc	dependent Expenditures		•	1 1 4 1 1 4
(c) TOTAL Independent Expendit	ures		•	7
	that the independent expenditures ion of, any candidate or authorized by committee or its agent.			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 16	2014
Signature		_		

Schedule E)					PAGE 35 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour re	eport X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Jessica Haba					of Public Distribution/Dissemination
Mailing Address 41	93 W. Lang St			Amour	07 14 2014 nt
City		State	Zip Code		7.50
Farmville		NC	27828		action ID : e6a3326c-e2e9-4ec4-8 of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002	M	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	andidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Year- Per Election fo	To-Date r Office Sought	, , ,	158751.67	Disbursement 2014 Of	t For:
Full Name of Payer Charity Zerbe					of Public Distribution/Dissemination
Mailing Address	804 Mary Ave			Amou	07 14 2014 nt
City		State	Zip Code		35.00
Neosho		MO	64850	Transa Date o	ction ID : d715d832-e449-4360-b of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001	M	07 14 2014
Name of Federal C	andidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Year- Per Election fo	To-Date or Office Sought	7	19433.90	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Ite	emized Independent Expendi	itures			42.50
(b) SUBTOTAL of U	nitemized Independent Expe	nditures			
(c) TOTAL Independ	lent Expenditures			•	7 1 7 1 7
with, or at the reques		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	ly Buchanan	[Electron	nically Filed] Date	07	16 / Y = Y = Y = Y = Y
Signature					

Sched	lule E)	EXI EIID	TOTILO		PAGE 36 OF 57 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Name of Payee harity Zerbel				of Public Distribution/Dissemination
Mai	ling Address 804 Mary Ave			Amor	07 14 2014
City		State MO	Zip Code 64850	Tran	0.60 saction ID : c228c0d8-341d-4bfb-8
	osho	IVIO	04030		of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y 14 2014
Nar	ne of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr.	Mark L Pryor		Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	19433.90	Disburseme	ent For: Primary General Other (specify) ▶
Full	Name of Payee				of Public Distribution/Dissemination
М	r. Roger McKinney			r	M M M / D D / Y Y Y Y Y
Mai	lling Address 308 West Main Street				07 14 2014
	555 W.S. Main C. S.			Amo	ount
City	1	State	Zip Code		95.00
	ot Mountian	NC	27041		saction ID : 7cf85bf1-879a-4e1e-a e of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001] [M 07 / D D / Y Y Y Y Y Y 2014
Nar	ne of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms	. Kay Hagan		Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	158751.67	Disburseme 2014	ent For: Primary
(a) S	SUBTOTAL of Itemized Independent Expenditures	S		. •	95.60
(b) §	SUBTOTAL of Unitemized Independent Expenditu	ires		· •	7 1 7 1 7
(c) 1	TOTAL Independent Expenditures			· •	7 1 7 1 7 1
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	16 2014
S	ignature				

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Roger McKinney	07 14 2014
Mailing Address 308 West Main Street	Amount
City State Zip Code	19.14
Pilot Mountian NC 27041	Transaction ID : 9e8c7274-4e79-4fe1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 14 7 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Glenda McKinney	07 14 2014
Mailing Address 308 West Main Street	Amount
City State Zip Code	95.00
Plot Mountain NC 27041	Transaction ID: 59a7bcf1-43f9-488f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 14 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	114.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	7 16 2014
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Anna Harris	07 14 2014
	Mailing Address 3654 Tara St	Amount
	City State Zip Code	30.00
	Springdale AR 72762	Transaction ID : 78543374-1320-49a8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	40.400.00	ursement For: Primary K General
	Per Election for Office Sought 19433.90 2014	Other (specify) ►
	Full Name of Payee Anna Harris	Date of Public Distribution/Dissemination
	Mailing Address 3654 Tara St	07 14 2014 Amount
	City Chata 7in Code	5.40
	City State Zip Code Springdale AR 72762	5.40 Transaction ID : 3dd71a96-2957-448d-9
	Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 07 14 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	35.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(17) (1) 17:1 17	07 16 2014
	Signature	
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Sc	hedule E)	L/M LITE.	101123				PAGE 39 OR SE OF I		57 -8
	ME OF COMMITTEE (In Full)				F		NTIFICATIO		
VV	omen Speak Out PAC					C co	00530766		
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends	s report f	filed on	M /	D D /	Y = Y = Y	Y
T	Full Name of Payee Donna Barrette				Date of		Distribution/D	Dissemination	
-	Mailing Address 724 Harris Avenue					7	14	2014	الـ
	0::	21.1.	Zin Oada					70.0	
	- 1		Zip Code 70123				: d92be39c- ement or Ol		
	Purpose of Expenditure Salary		Category/ Type	001	М		14	2014	Y
ŀ	Name of Federal Candidate		Supp	oort O	Office Sought:		House D	oistrict: 0	00
	Ms. Mary L Landrieu		У Орро		Presiden	ıt 🔀	Senate	State: L/	
	Calendar Year-To-Date Per Election for Office Sought		56448.02		oisbursement I 014 Oth	For: er (spec	Primary ify) ▶	X Gen	eral
	Full Name of Payee Donna Barrette				M	Public [Distribution/E	Dissemination 2014	
ľ	Mailing Address 724 Harris Avenue				Amount				_
ŀ	City	State	Zip Code					0.60)
		LA	70123		Transact Date of	tion ID : Disburs	21eefedc-c ement or O	bc4-4981-9 bligation	
	Purpose of Expenditure Mileage		Category/ Type	002		7	14	2014	Y
	Name of Federal Candidate		Supp	oort C	Office Sought:		House D	District:C	00
	Ms. Mary L Landrieu		X Oppo	ose	Presiden	nt 🔀	Senate	State: L	<u>A</u>
	Calendar Year-To-Date Per Election for Office Sought		56448.02		Disbursement 2014 Oth	For:	Primary	X Gen	eral
((a) SUBTOTAL of Itemized Independent Expenditures					- 31-	-17	70.60	
((b) SUBTOTAL of Unitemized Independent Expenditures	;s				-			
((c) TOTAL Independent Expenditures			·······)		4	-9-		
W	Under penalty of perjury I certify that the independent of vith, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age	or authorized							
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M / 07	16	2014		
	Signature								

	chedule E)	I LXI LIND	TOTILO			PAGE 40 OF 57 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC				C	C00530766
Che	eck if 24-hour report X 48-hour report	New rep	ort Amends	s report	iled on	/ D D / Y Y Y Y Y
П	Full Name of Payee				Date of Publ	ic Distribution/Dissemination
	Mattie Harris				07	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Mailing Address 3654 Tara St				Amount	
ł	City	State	Zip Code			30.00
١	springdale	AR	72762			ID: 3d9dc0ff-cec2-4c72-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	07	14 2014
ı	Name of Federal Candidate		Supp	ort C	ffice Sought:	House District: 00
	Mr. Mark L Pryor		У Орро			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	19433.90		isbursement For: 014 Other (s	Primary ⊠ General
ľ	Full Name of Payee			·	Date of Publ	ic Distribution/Dissemination
١	Mattie Harris				M M M 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3654 Tara St				Amount	
ı	City	State	Zip Code			5.40
١	springdale	AR	72762			D: 34836492-fa1e-4be2-a pursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	M 07	14 / 2014
١	Name of Federal Candidate		Supp	ort C	Office Sought:	House District: 00
	Mr. Mark L Pryor		X Oppo	ose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	19433.90		isbursement For: 014 Other (s	Primary X General pecify) ►
	(a) SUBTOTAL of Itemized Independent Expenditure	s				35.40
					7	4
((b) SUBTOTAL of Unitemized Independent Expendite	ures			•	
((c) TOTAL Independent Expenditures)		4
١	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized				
	Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	07 / 16	2014
	Signature					

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 41 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sean B Hicks			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	40.00
Wake Forest	NC	27587	Transaction ID: a378bbb0-af8b-429d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,,	158751.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sean B Hicks			07 14 2014
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	21.60
Wake Forest	NC	27587	Transaction ID: 94c63aaf-374f-4270-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		61.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	IN EXILIN	JII OII LO	PAGE 42 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Matthew Manuel			07
Mailing Address 1392 Lee Street			Amount
City	State	Zip Code	30.00
Ville Platte	LA	70586	Transaction ID : b3683a81-74ae-4139-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Matthew Manuel			07
Mailing Address 1392 Lee Street			Amount
City	State	Zip Code	13.80
Ville Platte	LA	70586	Transaction ID : ca15f172-b3fd-4e51-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	56448.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 43.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			· •
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 7 2014
3. 3			

Sch	nedule E)	EXI ENDI	101120				PAGE 43 OF 57 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER V	,
W	omen Speak Out PAC						C00530766	
Che	ck if 24-hour report X 48-hour report	X New repo	ort Amen	nds repo	rt filed on	и м /	D = D / Y = Y = Y = Y	<u>-</u> 1
_		<u> </u>						_
	Full Name of Payee Francis Richardson					of Public	Distribution/Dissemination 1	1
	Mailing Address 220 Doucet Rd				Amou	ınt		
-	City S	tate	Zip Code				20.00	7
	Lafayette	LA	70503				D: a0490e4b-a86d-450c-9 ursement or Obligation	_
	Purpose of Expenditure Salary		Category/ Type	001		07	14 2014]
Ī	Name of Federal Candidate		Sur	pport	Office Sough	nt:	House District: 00	
	Ms. Mary L Landrieu			pose	Presid	ent	Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought		56448.02		Disbursement 2014	nt For: Other (sp	Primary X Genera	
Γ	Full Name of Payee				Date	of Public	c Distribution/Dissemination	
1	Francis Richardson					07	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
ŀ	Mailing Address 220 Doucet Rd					Ů.	2011	4
1					Amo	unt		_
ŀ	City	State	Zip Code		□ [:		1.35	
		LA	70503		Trans Date	of Disbu	D: fce12968-de5c-47c4-8 ursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type	002] [07	14 2014]
	Name of Federal Candidate		Su	pport	Office Soug	ht:	House District: 00	
	Ms. Mary L Landrieu		X Op	pose	Presid	lent 2	Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought		56448.02		Disburseme 2014	nt For: Other (sp	Primary X Genera	
								,
(a	a) SUBTOTAL of Itemized Independent Expenditures			•••••	•	7	21.35	J
(k	o) SUBTOTAL of Unitemized Independent Expenditure	s			· []
(0	c) TOTAL Independent Expenditures				• [-]
W	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arry committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M / / 07	16	2014	
	Signature		-					

,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-h	nour report New report	ort Amends repo		T = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Kenny Wallis				07 14 2014
Mailing Address 6412 Osage Dr			Amou	unt
City	State	Zip Code		27.50
North Little rock	AR	72116	Trans Date	saction ID: 99315c5a-c73f-4dd9-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 14 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		Oppose	Presid	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursemer 2014	nt For:
Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr.				of Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			Amou	unt
City	State	Zip Code		3.06
North Little rock	AR	72116		action ID: e28c4821-0e3b-45e9-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 14 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	lent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independ	dent Expenditures			30.56
(b) SUBTOTAL of Unitemized Independent	endent Expenditures		· •	7 7 7
(c) TOTAL Independent Expenditures	S		•	7 1 7 1 7
Under penalty of perjury I certify tha with, or at the request or suggestion party committee) any political party c	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	16 2014
Signature				

PAGE

OF

Schedule E)	IN EXILIN	DITOTILO	PAGE 45 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination
Mailing Address 804 Roundabout Circle			07 / 14 / 2014
			Amount
City	State	Zip Code	40.00
Searcy	AR	72143	Transaction ID: b45c12f0-af02-4d72-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amelia Brackett			07 14 2014
Mailing Address 804 Roundabout Circle			Amount
City	State	Zip Code	48.60
Searcy	AR	72143	Transaction ID: 18b34663-519b-417e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	19433.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 88.60
(b) OUDTOTAL of Heliconical Index and at Force	- 414		
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 7 2014
3. 3			

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Michael Vidrine		07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street		Amount
City	State Zip Code	50.00
Ville Platte	LA 70586	Transaction ID : 278c67a7-df5f-4da2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 14 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	56448.02 Disbu	orsement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination
Moiling Address		07 14 2014
Mailing Address 1103 West Wilson Street		Amount
City	State Zip Code	29.70
Ville Platte	LA 70586	Transaction ID: 6835a98c-baa3-47e6-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 14 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	56448.02 Disbu	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	79.70
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized committee or agent of eithe	
Ms. Emily Buchanan	[Electronically Filed] Date	17 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

Schedule E)	-/ (1 - (1-1-)	101120		PAGE 47 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
		. 🗆 .	М	-M / D D / Y - Y - Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	
Full Name of Payee Paul Rickert				of Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane			Amour	07 14 2014 nt
City Sta	tate	Zip Code		35.00
	LA	71111		action ID : 9b9993d7-e18e-4b53-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement 2014 Of	t For:
Full Name of Payee Paul Rickert				of Public Distribution/Dissemination
			M	07 14 2014
Mailing Address 710 St. Martins Lane			Amou	nt
City	tate	Zip Code	— F.	5.10
	LA	71111	Transa Date o	oction ID: e9778612-8f2a-4e31-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07 14 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			· •	40.10
(b) SUBTOTAL of Unitemized Independent Expenditures	3		•	
(c) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	M = M /	16 2014
Signature				

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report file	d on
	Full Name of Payee	Date of Public Distribution/Dissemination
	Earl Stewart	07 14 2014
	Mailing Address 9455 Snow Camp Road	Amount
	City State Zip Code	110.00
	Snowcamp NC 27349	Transaction ID : b3acaec8-91d6-4a2f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk	oursement For: Primary X General
	Per Liection for Office Sought	Other (specify) -
	Full Name of Payee Cory Bryson	Date of Public Distribution/Dissemination
	Mailing Address 216 Dogwood Ln	07 14 2014 Amount
	City State Zip Code	110.00
	Belmont NC 28012	Transaction ID : 7c14ad02-fab6-4dc6-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify) Other
	(a) SUBTOTAL of Itemized Independent Expenditures	220.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		07 16 2014
	Signature	

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OF

Schedule E)		LITT EXI END	II OILLO		PAGE 49 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTI					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Charle if 04 hours	report X 48-hour report	X New rep	Amanda rang	ort filed on	= M / D = D / Y = Y = Y
Check if 24-hour	report 48-nour report	X New rep	oort Amends repo	ort filed on	
Full Name of Payor Cory Brysor					of Public Distribution/Dissemination
Mailing Address 2	216 Dogwood Ln			Amou	07 14 2014
				Amou	
City		State	Zip Code		30.00
Belmont		NC	28012		action ID: 95e6d8fe-5e1e-40ad-8 of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002	М	07
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	ent X Senate State: NC
Calendar Yea Per Election	r-To-Date for Office Sought		158751.67	Disbursemen 2014 O	t For: Primary
Full Name of Pay				Date	of Public Distribution/Dissemination
Sharon Lloyo	d			N	07 14 2014
Mailing Address	4301 Lankford				
				Amou	nt
City		State	Zip Code		55.00
Springdale ————————————————————————————————————		AR	72762	Transa Date	of Disbursement or Obligation
Purpose of Exper Salary	nditure		Category/ Type 001	To the second se	07 14 7 2014
Name of Federal	Candidate		Support	Office Sough	it: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent X Senate State: AR
Calendar Yea Per Election	ar-To-Date for Office Sought		19433.90	Disbursement 2014	ther (specify) ►
(a) SUBTOTAL of	Itemized Independent Expend	itures		•	85.00
(b) SUBTOTAL of	Unitemized Independent Expe	enditures		·· •	7 1 7 1 7
(c) TOTAL Indepen	ndent Expenditures				7
with, or at the requ		didate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Er	nily Buchanan	[Electron	nically Filed] Date	e 07	16 2014
Signature					

Sch	edule E)	EXI END			PAGE 50 OF 57 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	full Name of Payee Sharon Lloyd				of Public Distribution/Dissemination
N	Mailing Address 4301 Lankford			Amou	07 14 2014 unt
	Na	Chaha	7:n Code		2.40
	Springdale	State AR	Zip Code 72762		2.49 saction ID : c0d5cd37-d10d-4e0c-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07
N	lame of Federal Candidate		Support	Office Soug	ht: House District:00
N	Mr. Mark L Pryor		X Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	19433.90	Disbursement 2014	nt For:
	Phillip Williams Mailing Address 3007 Darden Rd				of Public Distribution/Dissemination 07 / 14 / 2014
	Dity	State	Zip Code		57.50
- 1	Greensboro	NC	27407	Trans Date	saction ID: b2c0146f-aa00-4591-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 07 / 14 / 2014
N	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
ľ	Ms. Kay Hagan		Oppose	Presid	dent State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	158751.67	Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent Expenditures	S			59.99
(b)) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c)	TOTAL Independent Expenditures				
wit	der penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	ENT EXTEND	TIONES	PAGE 51 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 14 2014 Amount
City	State	Zip Code	15.30
Greensboro	NC	27407	Transaction ID : 57a9f976-77bf-46f0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	158751.67	Disbursement For:
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 14 2014 Amount
City	State	Zip Code	57.50
Greensboro	NC	27407	Transaction ID : f9c3a779-5896-49d1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		72.80
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
			7
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	THE EXILENS			PAGE 52 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Christine Stevens			Date of Pu	blic Distribution/Dissemination
Mailing Address 100 Asbury Ct			07 Amount	14 2014
City	State	Zip Code		15.00
Winchester	VA	22602		on ID: f17c35c9-5703-41f3-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	14 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	158751.67	Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Darius Beverly			Date of Pu	blic Distribution/Dissemination
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		40.00
Avondale	LA	70094	Transaction Date of Dis	n ID: 74d9ae30-b6a6-45e8-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For 2014 Other	::
(a) SUBTOTAL of Itemized Independent Expenditu	ures		.	55.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	07 16	
Signature				

Schedule E)	INI EXI EN	DITORILO	PAGE 53 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			07 / 14 / 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	40.00
Avondale	LA	70064	Transaction ID : b7ac7308-09d1-45ab-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		56448.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Dinah Beverly			07
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	4.80
Avondale	LA	70064	Transaction ID: c7388861-d42a-4e8b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	56448.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		44.80
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. a.a.			

Schedule E)	SEITI EXI EITE	JII OI LEO	PAGE 54 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New re	port Amends repo	rt filed on
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			07 14 2014
			Amount
City	State	Zip Code	30.00
Little Rock	AR	72205	Transaction ID : a1ad8ca3-2399-403f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,,,	19433.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	5.40
Little Rock	AR	72205	Transaction ID : f593c1fc-0376-4dac-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	19433.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		35.40
(,			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 55 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			07
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	50.00
Charlotte	NC	28211	Transaction ID: 0e92e2bf-6c35-4607-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	158751.67	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			07
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	2.70
Charlotte	NC	28211	Transaction ID : 9e19807a-2d6b-4862-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 14 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		158751.67	Disbursement For: Primary General 2014 General
(a) SUBTOTAL of Itemized Independent Expen	ditures		52.70
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)				PAGE 56 OF 57 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	Women Speak Out PAC				
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y	
Full Name of Payee Xavier Miller				f Public Distribution/Dissemination	
Mailing Address 407 randall Dr				07 14 2014	
			Amoun	t	
City	State	Zip Code		70.00	
Searcy	AR	72143		ction ID: 868d409d-ae09-42e2-a f Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		07	
Name of Federal Candidate		Support	Office Sought	: House District: 00	
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursement 2014 Ott	For: Primary X General her (specify) ▶	
Full Name of Payee Ms. Tonya Boyd				f Public Distribution/Dissemination	
				07 14 2014	
Mailing Address 2357 Fancy Cap Rd			Amour	nt	
City	State	Zip Code		80.00	
Mt. Airy	NC	27030	Transac Date o	ction ID : 6c31316b-ee1b-4121-8 f Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	М	07 / 14 / 2014	
Name of Federal Candidate		Support	Office Sought	: House District: 00	
Ms. Kay Hagan		Oppose	Preside	nt Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	158751.67	Disbursement 2014 Ot	For: Primary X General her (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	20			150.00	
(a) GOD TO THE OT HOME DOWN THE PROPERTY OF TH			, F	7	
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 7	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Date	07	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		_			

Schedule E)	EXI END	TOTILO		PAGE 57 OF 57 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Ms. Tonya Boyd			M	07
Mailing Address 2357 Fancy Cap Rd			Amour	nt
City	State	Zip Code		11.34
Mt. Airy	NC	27030		action ID: 438e6c2c-6b07-4c4a-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 14 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	58751.67	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Xavier Miller			M	07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 407 randall Dr			Amou	nt
City	State	Zip Code		30.00
Searcy	AR	72143		ction ID: d8539f52-2a30-4f8a-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 14 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		19433.90	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				41.34
(-) - - - - - - - - - -				7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· -	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	3666.67
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	07 /	16 2014
Gigilature				